

Hemifacial Spasm, a 20 years review of one surgeon experience.

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Introduction:

Hemifacial spasm (HFS) is characterized by involuntary paroxysmic contractions of the face and occurs more frequently on the left side and in females. Evolution is progressive and it is rare to disappear without treatment. Management includes medical treatment, botulinum toxin and microvascular decompression of the nerve.

Methods:

We present the results of 226 microvascular decompressions performed by one surgeon in 194 patients over 20 years from may 1992 to may 2011 at the National Institute of Neurology and Neurosurgery in Mexico City. Using this scale: Excellent: complete cessation, Good: 1 - 2 episodes a day, Poor: more than 2 episodes daily, Recurrence: Relapse of HFS after excellent or good response.

Results:

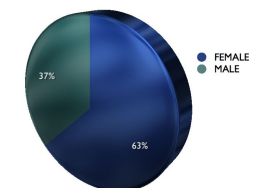
Population: Females 123 patients, males 71. Side: Left 114 patients, right 80. Typical syndrome 177 (91.2%), atypical syndrome 17 (8.76%). Mean age 49.4 years (range 19 - 76 years). Mean starting age: 43.9 years (SD 11.9 years). Time before surgery: 5.7 years. Most of the patients had previous medical treatment (108); 19 received multiple doses of botox. One patient was operated in another hospital with poor results. Preop MRI: Normal 111 cases, 52 vascular compression and 30 with vertebral artery dolichoectatic. All patients were operated with microsurgical technique by asterional craniotomy (20-25mm) in *park bench* position. Vascular compression was present in 185 cases. Offending Vessel: AICA: 148, PICA: 12, SUCA: 8, Basilar: 10, 2 vessels: 8: None: 9. After first surgery: Excellent :155 cases, Good: 9, Poor: 30 with 1 death. 29 patients required a 2nd surgery with excellent results in 26, 3 required a third exploration.

Transient hearing loss and transitory facial palsy were the most common complications in 13.4% of patients. Long term results were excellent in 84.2% with cessation of the spasm, improvement in 15.3% and 1 death. Follow-up was from 1 to 133 months (average 51 months).

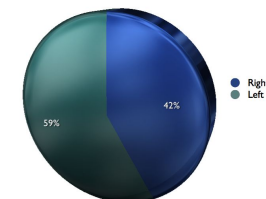
Conclusions:

Hemifacial spasm is a painless but disabling entity. AICA is the most common offending vessel. If improvement is not shown in the first week, we recommend to re-explore. Gender (p: 0.56), side (p: 0.45) and the onset of symptoms (p: 0.38) were not related with prognosis and response to microvascular decompression. Microvascular decompression is a treatment of choice because it is minimally invasive, not destructive, requires minimum technical support, and yields best long-term results with less complications.

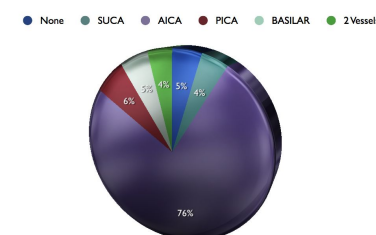
Gender



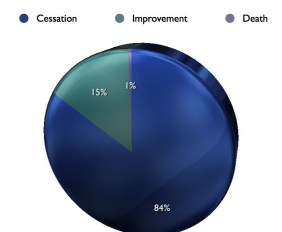
Side



Vessels



Results



Movie

Position



Movie